

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-005383

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. \_\_\_\_\_ Registrar's No. 189

STATE FILE NUMBER

VS 300  
Rev. 4/59

5110

25110

3

4 0

5 1

6

7 1

8 0

956.1

10

11

12 90-0

13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

FILED FEB 19 1963

## 1. PLACE OF DEATH

a. COUNTY

Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Rush Township

Length of stay in 1b  
13 Yrs.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION R.R. # 2

Inside Limits  
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Buchanan

c. CITY  
OR  
TOWN

Rushville

Inside Limits  
Yes ☐ No ☒

d. STREET  
ADDRESS

(If outside, give location)  
R. R. # 2

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

Reynolds

Peterson

4. DATE  
OF  
DEATH

Month

Day

Year

2

14

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8-16-1888

9. AGE (last birthday)

74

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Agriculture

11. BIRTHPLACE (City and state or country)

Kentucky

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Jerry Peterson

13b. MOTHER'S MAIDEN NAME

Janell Cassity

14. NAME OF HUSBAND OR WIFE

Jean Peterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

17. INFORMANT  
Address  
Jean Peterson, Rushville, Missouri

18. CAUSE OF DEATH (Enter only one cause per  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Congestive Heart Failure & Pneumonia

INTERVAL BETWEEN  
ONSET AND DEATH

3 days

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Uremia

3 weeks

DUE TO (c)

Carcinoma of Liver & Biliary Obstruction

6 months

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

PART III. If deceased was female was  
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour  
a.m.  
p.m.

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2-10-63 to 2-14-63 and last saw him alive on 2-14-63

Death occurred at 3 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Charles H. Young, M.D.

22b. ADDRESS

Atchison, Kansas

22c. DATE SIGNED

2-15-63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

23b. DATE

2-17-1963

23c. NAME OF CEMETERY OR CREMATORY

Sugar Creek Cemetery

23d. LOCATION (City, town, or county)

Rushville, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Sawin-Dyer, Atchison, Kansas

25. DATE RECD. BY LOCAL REG.

Feb. 18 1963

26. REGISTRAR'S SIGNATURE

Miss Clark Howell

NOV 5 1963

2112  
2112

0  
1  
0

Permit issued 2/15/63

STATEMENT BY LICENSED EMBALMER

0-0P

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed J. W. Dyer

Licensed Embalmer No. 4320

P. O. Address Atchison, Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.